FINANCIAL DISCLOSURE STATEMENT

SST42016-02

| | (For use by Loc | al Public Officers of the Cir | ty/Town of City of Surprise | Y |
|-----------------|--|----------------------------------|--|---------------------------------------|
| Date | May 17-20 | <u>L</u> 6 | For Calendar Year 2015 | |
| | 1 | | | |
| 1 0 | | | (Or other applicable peri | od, please specify) |
| | ENERAL INFORMATION | | | |
| Lis wh de | finitions) and indicate whe | ther a business is controlle | nber of your household. Also, list a c. Include controlled and depender d or dependent, or both. | all names under at businesses (see |
| (a) | Name of Local Public (| Officer Kachel | 1111 6 21110110 | |
| | Address 126 | 92 GREENW | ay Rd Surpris | e Az. 85374 |
| (b) | Name of Local Public C | fficer's Spouse | | |
| (c) | Members of Household | | | |
| | | | | |
| | | | | |
| (d) | Names under which you and (c) above) did busir | , your spouse and member ess. | s of your household (those person | s listed in (a), (b) |
| - 15 VESS W 5 | | | | Controlled |
| Member of | ic Officer or Household | Business Name | Business Address | and/or Dependent Business |
| Rac | hel VILLanue | a Surprise Ci | ty Counce! | |
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2. SOURCES OF COMPENSATION

List names and addresses of all employers and all other sources of compensation in excess of \$1,000 received during the preceding calendar year by you, your spouse or members of your household (those persons listed in 1 (a), (b) and (c) above), or received by any other person for the use or benefit of you, your spouse or members of your household. Also, describe the nature of each employer's business and the services for which compensation was received.

You Need Not List:

Income to a business listed in 1 (d), specifically those individual sources of compensation that constituted a portion of the gross income of the business from which you or members of your household derived compensation.

Description of Employer's
Name & Address of Employer
or Other Source of
Compensation over \$1,000

Rachel Villamueva Surprise City Councel

Rachel Villamueva Social Security

Rachel Villamueva General Electric

Phoenix Az.

Rachel Villamueva Mation Wide

Rachel Villamueva General Electric

Phoenix Az.

Address of Employer's
Services for Which
Compensation Was Received

Surprise Az.

Phoenix Az.

3. INFORMATION ON CONTROLLED BUSINESS

In Columns (1) and (2) give the name of any controlled business and describe the goods or services provided by the business.

If a single source of compensation to the controlled business amounts to more than \$10,000 and 25 percent of the gross income of the business, indicate the nature of the goods and services provided to the customer or client and a description of the business activities if that customer or client is a business in Columns (3) and (4). If there is no such major client or customer, leave Columns (3) and (4) blank.

You Need Not List:

The identity of any customer or client.

The amount of income from any customer or client.

The activities of any customer or client which is not a business.

| (1) | (2) | (3) | (4) |
|---|--|---|--|
| Name of Controlled Business (from Item 1 (d)) | Goods or Services Provided by the Business | Goods or Services Provided to the Major Customer or Client (more than \$10,000 and 25% of Gross) | Business Activity of the Major Customer or Client, if a Business |
| 8 | | | |
| | /_ | | |
| | | | |
| | is more than one such major cu | stomer or client of a controlled | business.) |
| Describe the goods or so or client and the busine You Need Not List: The identity of an The amount of income. | ore than a fifty percent interest in der Item 3, it need not be listed services provided by the busine is activity if the major custome by customer or client. | ss, the goods or services prov r or client is a business. | |
| (1) | (2) | (3) | (4) |
| Name of Dependent Business (from Item 1 (d)) | Goods or Services Provided by the Business | Goods or Services Provided to the Major Customer or Client (more than \$10,000 and 50% of Gross) | Business Activity of the Major Customer or Client, if a Business |
| | | | |
| | | | |
| Use additional sheet if there is | more than one such major custo | | |

(1)

5A. OWNERSHIP/BENEFICIAL INTEREST IN BUSINESS OR TRUST; INVESTMENTS

List the names and addresses of all businesses <u>and trusts</u> in which you or members of your household had an ownership or beneficial interest of over \$1,000 at any time during the preceding calendar year, together with a description of the interest and value of the equity interest by category number. You should list stocks, partnerships, joint ventures, sole proprietorships and other equity interests. Also, list beneficial interests in trusts.

| | Local Public Officer or Member of Household | Description of Interest | Value of Equity by Category # |
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| | - 1 - H | | |
| B. OFFICES OR FIDUCIAR | Y RELATIONSHIPS IN BUSINES | OD TRUCT | |
| Regardless of any financi | al interest you should be up | | , together with a |
| Regardless of any financi | , and the state of | ne preceding calendar year | , together with a ou or any member of of "Business".) Office |
| Regardless of any financi your household is preside ame and Address of | ial interest, you should list all businent, treasurer, secretary or trustee, Local Public Officer or | esses and trusts of which your etc. (Refer to the definition Description of | , together with a ou or any member of of "Business".) Office |
| Regardless of any financi your household is preside ame and Address of | ial interest, you should list all businent, treasurer, secretary or trustee, Local Public Officer or | esses and trusts of which your etc. (Refer to the definition Description of | , together with a ou or any member of of "Business".) Office |
| Regardless of any financi your household is preside ame and Address of | ial interest, you should list all businent, treasurer, secretary or trustee, Local Public Officer or | esses and trusts of which your etc. (Refer to the definition Description of | , together with a ou or any member of of "Business".) Office |
| Regardless of any financi your household is preside ame and Address of | ial interest, you should list all businent, treasurer, secretary or trustee, Local Public Officer or | esses and trusts of which your etc. (Refer to the definition Description of | , together with a ou or any member of of "Business".) Office |
| Regardless of any financi your household is preside ame and Address of | ial interest, you should list all businent, treasurer, secretary or trustee, Local Public Officer or | esses and trusts of which your etc. (Refer to the definition Description of | , together with a ou or any member of of "Business".) Office |
| Regardless of any financi your household is preside ame and Address of | ial interest, you should list all businent, treasurer, secretary or trustee, Local Public Officer or | esses and trusts of which your etc. (Refer to the definition Description of | , together with a ou or any member of of "Business".) Office |
| Regardless of any financi your household is preside ame and Address of | ial interest, you should list all businent, treasurer, secretary or trustee, Local Public Officer or | esses and trusts of which your etc. (Refer to the definition Description of | , together with a ou or any member of of "Business".) Office |
| Regardless of any financi your household is preside ame and Address of | ial interest, you should list all businent, treasurer, secretary or trustee, Local Public Officer or | esses and trusts of which your etc. (Refer to the definition Description of | , together with a ou or any member of of "Business".) Office |

| a controlled or dependent bu | s and real property improvements located ling location and approximate size in which usiness held legal title or a beneficial intere e, by category, of the equity in any such pro | you, any member of | your household or the preceding |
|---|---|--|-------------------------------------|
| controlled or dependent busin need not include individual pa | r household or a controlled or dependent by calendar year, disclose the transaction miness is in the business of dealing in real parcels or transactions, but the aggregate v | ade and date that it o | ccurred. If the |
| You Need Not List: | * | | |
| Your primary residence Property used for perso Individual parcels and t a dealer in real prope | onal recreation by you. transactions, if a controlled or dependent b | ousiness is | |
| Location and Approximate Size of Realty in City/Town | Local Public Officer or Member of Household or Business from Items 3 or 4 | Value of Equity by Category | Date Acquired or #Divested |
| 13609 A. 'A' ST Elmi | RAGAL BACKEL VIllanu | ila | |
| 12483 W. Rugusta DR | 2 Spincity Az RAChel Villanu | | |
| *Business dealers in real propertys equity interests, by category number, | state only name of controlled or dependent of all parcels held during the year. | business and aggreg | gate value of |
| Name of Controlled or Dependent Business Dealer in Real Property | of E | regate Value equity Interests Category # | |
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| 7. <u>DEBTS; EXCEPTIONS</u> | | | |
| List names and addresses of cre household either in your own nar calendar year. | editors for all debts in excess of \$1,000 own mes or in the names of any other persons a | ed by you or member at any time during the | s of your preceding |
| List names and addresses of cre \$10,000 which was also more that preceding calendar year. | editors to whom a controlled or dependent to an 30 percent of the total business indebte | business owed a debt dness at any time dui | of more than ring the |

REAL PROPERTY OWNERSHIP IN CITY/TOWN OF Surprise

6.

If the debt was incurred or discharged during the year, list whether it was incurred or discharged and the date.

You Need Not List:

Debts resulting from the ordinary conduct of a business other than a controlled or dependent business.

Credit card transactions.

Debts on residences or recreational property exempt from disclosure.

Retail installment contracts.

Debts on motor vehicles not used for commercial purposes.

Debts secured by cash values on life insurance.

Debts owed to relatives.

Any amounts.

| , , | | |
|--|---|----------------------------------|
| | PERSONAL DEBTS OVER \$1,000 | |
| Name and Address of Creditor (or Person to Whom Payments Are Made) | Date Local Public Officer or Member of Household Owing the Debt | Incurred and/or Discharged |
| 1 12 | | |
| | | |
| BUSI | INESS DEBTS OVER \$10,000 AND 30% | £ |
| Name and Address of Creditor (or Person to Whom Payments Are Made) | Date Local Public Officer or Member of Household Owing the Debt | Incurred and/or Discharged |
| | | |

8. **DEBTORS**

List the name of the debtor for each debt in excess of \$1,000 owed at any time during the preceding calendar year to you and members of your household or to any other person for the use or benefit of the aforementioned persons.

List the name of the debtor for each debt exceeding \$10,000 owed to a controlled or dependent business which was also more than 30 percent of the total indebtedness to the business at any time during the preceding calendar year.

Give the amount of each debt by category number.

If the debt was incurred or discharged during the year, list whether it was incurred or discharged and the date.

You Need Not List:

Those debts owed to you or members of your household resulting from the ordinary conduct of a business other than a controlled or dependent business.

| | DEBTS OVER \$1,000 OWED TO YOU PER | SONALLY | |
|-----------------|--|-------------------------|--|
| Name of Debtor | Local Public Officer or Member of Household to Whom Debt is Owned | Amount by Category # | Date Incurred and/or Discharged |
| | | | |
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| | | | |
| | | | |
| DEI | BTS OVER \$10,000 AND 30% OWED TO YOU | R BUSINESS | |
| Name of Debtor | Name of Controlled or Dependent Business to Whom the Debt is Owed (Business from Item 3 or 4) | Amount by Category # | Date Incurred and/or Discharged |
| | | | |
| | | | |
| 9. GIFTS | | | |
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List each source of any gift or accumulated gifts in excess of \$500 in value received during the preceding calendar year by you, members of your household or by any other person for the use or benefit of the aforementioned persons.

You Need Not List:

Gifts received by will.

Gifts received by intestate succession.

Gifts received from intervivos (living) trusts established by a spouse or ancestor.

Gifts received from testamentary trusts established by a spouse or ancestor.

Gifts received from any other member of the household or relatives to the second degree of consanguinity. (Parents, grandparents, siblings, children and grandchildren of the recipient.)

Political campaign contributions if publicly reported as political campaign contributions.

Amounts.

| of Gifts over \$500 | | Local Public Officer o HouseholdRecipier | or Member of nt |
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| LICENSES | | | |
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| of Surprise to | held by or in which you as any | | |
| | | | |
| | | | |
| | Household Holding | | |
| | Interest, if Not | Type of | Location of |
| 133464 | issued in Own Name | Business | Business |
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| ERNMENT BONDS | | | |
| ng the preceding calendar and a value in excess of \$1 | year by you or any member of you,000. | our household, which b | or town held a conds issued b |
| | | | Б. |
| | | | Date Acquired |
| Issuina Agency | Local Public Officer or | Value by | and/or |
| 3,35,10) | wember of Household | Category # | Divested |
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| | of Surprise, to any time during the preceded Name in Which License is Issued ERNMENT BONDS , together with their value, such city or town or any norms the preceding calendar and a value in excess of \$1 | ness licenses issued, by the City/Town of Surprise of its issuance the consideration of the application for of Surprise to, held by or in which you or any remains the preceding calendar year. Local Public Officer or Member of Household Holding Interest, if Not Issued in Own Name ERNMENT BONDS Interest, if Not Issued in Own Name To the preceding calendar year by you or any member of your and a value in excess of \$1,000. The preceding calendar year by you or any member of your and a value in excess of \$1,000. The preceding calendar year by you or any member of your and a value in excess of \$1,000. The preceding calendar year by you or any member of your and a value in excess of \$1,000. The preceding calendar year by you or any member of your and a value in excess of \$1,000. | ness licenses issued, by the City/Town of Surprise or by any other govern res for its issuance the consideration of the application for such license by the Consideration of the application for such license by the Consideration of Surprise or Name in Which License is Interest, if Not Interest, if Not Interest, if Not Interest if Not |

VERIFICATION

I do solemnly swear that the foregoing Financial Disclosure Statement filed herewith is in all things true and correct and fully shows all information required to be reported by me pursuant to Resolution No. <u>City Code</u>

Signature of Affiant

Villanueva

Notary Public

My Commission Expires:

OFFICIAL SEAL SHERRY ANN AGUILAR Notary Public - State of Arizona MARICOPA COUNTY
My Comm. Expires May 9, 2019